

Surgical Ventricular Restoration

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IMPORTANT REMINDER

The Medicare Advantage Medical Policy manual is not intended to override the member Evidence of Coverage (EOC), which defines the insured's benefits, nor is it intended to dictate how providers are to practice medicine. Physicians and other health care providers are expected to exercise their medical judgment in providing the most appropriate care for the individual member.

The Medicare Advantage Medical Policies are designed to provide guidance regarding the decision-making process for the coverage or non-coverage of services or procedures in accordance with the member EOC and the Centers of Medicare and Medicaid Services (CMS) policies, when available. In the event of a conflict, applicable CMS policy or EOC language will take precedence over the Medicare Advantage Medical Policy. In the absence of CMS guidance for a requested service or procedure, the health plan may apply their Medical Policy Manual or MCG™ criteria, both of which are developed with an objective, evidence-based process using scientific evidence, current generally accepted standards of medical practice, and authoritative clinical practice guidelines.

Medicare and EOCs exclude from coverage, among other things, services or procedures considered to be investigational, cosmetic, or not medically necessary, and in some cases, providers may bill members for these non-covered services or procedures. Providers are encouraged to inform members in advance when they may be financially responsible for the cost of non-covered or excluded services.

DESCRIPTION

Surgical ventricular restoration (SVR) is a procedure designed to restore or remodel the left ventricle to its normal, spherical shape and size in patients with akinetic segments of the heart, secondary to either dilated cardiomyopathy or post infarction left ventricular aneurysm. It is usually performed after coronary artery bypass grafting (CABG) and may precede or be followed by mitral valve repair or replacement and other procedures such as endocardectomy and cryoablation for treatment of ventricular tachycardia.

MEDICARE ADVANTAGE POLICY CRITERIA

Note: This policy only addresses **surgical ventricular restoration** (SVR), which may also be referred to as ventricular remodeling, surgical anterior ventricular endocardial restoration (SAVER) or the Dor procedure. It does not address **partial ventriculectomy** (aka, the Batista procedure). CPT guidelines state to report the Batista procedure with CPT code 33999. The Medicare NCD for *Partial Ventriculectomy* ([20.26](#)) considers this service to be

non-covered. A key difference between surgical ventricular restoration and ventriculectomy (i.e., for aneurysm removal) is that in SVR circular “purse string” suturing is used around the border of the aneurysmal scar tissue. Additionally, SVR is distinct from partial left ventriculectomy (i.e., the Batista procedure) which does not attempt to specifically resect akinetic segments and restore ventricular contour.

CMS Coverage Manuals*	None
National Coverage Determinations (NCDs)*	None
Noridian Healthcare Solutions (Noridian) Local Coverage Determinations (LCDs) and Articles (LCAs)*	None
Medical Policy Manual	<p><i>Medicare coverage guidance is not available for surgical ventricular restoration. Therefore, the health plan’s medical policy is applicable.</i></p> <p>Surgical Ventricular Restoration, Surgery, Policy No. 149 <i>(see “NOTE” below)</i></p>

NOTE: If a procedure or device lacks scientific evidence regarding safety and efficacy because it is investigational or experimental, the service is noncovered as not reasonable and necessary to treat illness or injury. ([Medicare IOM Pub. No. 100-04, Ch. 23, §30 A](#)). According to Title XVIII of the Social Security Act, §1862(a)(1)(A), only medically reasonable and necessary services are covered by Medicare. In the absence of a NCD, LCD, or other coverage guideline, CMS guidelines allow a Medicare Advantage Organization (MAO) to make coverage determinations, applying an **objective, evidence-based process, based on authoritative evidence**. ([Medicare IOM Pub. No. 100-16, Ch. 4, §90.5](#)). The Medicare Advantage Medical Policy - Medicine Policy No. M-149 - provides further details regarding the plan’s evidence-assessment process (see Cross References).

POLICY GUIDELINES

REGULATORY STATUS

The CorRestore™ Patch System is a device FDA approved through the 510(k) process specifically labeled for use “as an intracardiac patch for cardiac reconstruction and repair.” The device consists of an oval tissue patch made from glutaldehyde fixed bovine pericardium. It is identical to other marketed bovine pericardial patches except that it incorporates an integral suture bolster in the shape of a ring that is used along with ventricular sizing devices, to restore the normal ventricular contour. Note, the fact a service or procedure has been issued a CPT/HCPCS code or “is FDA approved for a specific indication does not, in itself, make the procedure medically reasonable and necessary.” Medicare contractors evaluate services, procedures, drugs or technology to determine if they may be considered Medicare covered services. (*Noridian LCD L35008*)

CROSS REFERENCES

[Investigational \(Experimental\) Services and New and Emerging Medical Technologies and Procedures](#), Medicine, Policy No. M-149

[Ventricular Assist Devices and Total Artificial Hearts](#), Surgery, Policy No. M-52

REFERENCES

None

CODING

Codes	Number	Description
CPT	33548	Surgical ventricular restoration procedure, includes prosthetic patch, when performed (eg, ventricular remodeling, SVR, SAVER, DOR procedure)
HCPCS	None	

***IMPORTANT NOTE:** Medicare Advantage medical policies use the most current Medicare references available at the time the policy was developed. Links to Medicare references will take viewers to external websites outside of the health plan's web control as these sites are not maintained by the health plan.